

YALE HEALTH CARE

news from Yale Health
fall 2022

**Managing the Marathon
Food Fight**



**MEDICAL RECORDS
PRESCRIPTIONS
FLU SHOT**



William Bruneau, PharmD, diabetes care and education specialist (left), partners with Yale Health Dietitian Alisa Scherban, MPH, RD, CDCES, as part of Yale Health's diabetes management program.

Managing the Marathon

Providers and patients form partnerships for diabetes care

MORE THAN 37 MILLION ADULTS in the United States are diagnosed with diabetes and there is no one-size-fits-all solution to managing the disease. It takes a team of clinical staff as well as a willingness from the patient to have successful outcomes.

"It's a marathon," said Yale Health Dietitian Alisa Scherban, MPH, RD, CDCES. "Once diagnosed, this is going to be with them their whole life. It's not one set thing that a patient needs to do and it all depends on the patient's readiness to change. They are really in the driver's seat and are empowered to make the

MANAGING THE MARATHON CONTINUED ON NEXT PAGE

Dr. Paul Genecin Retiring as Yale Health CEO

DR. PAUL GENECIN, CEO of Yale Health, will retire on January 6th, 2023 after 33 years of service to the Yale community, President Peter Salovey announced in an August 10th message. Genecin joined Yale Health as a primary care internist in 1989 and was asked to lead the organization in 1997. You can read his final "From the Desk of..." column on page 3. In his message, Salovey said he would form a search advisory committee and hire a search firm to identify candidates who can build on all that Genecin and the staff at Yale Health have accomplished. He has asked Dr. Stephanie Spangler, vice provost for health affairs and academic integrity, and John Whelan, vice president for human resources, to advise him in this process. There will be a larger look back at Genecin's career in the winter edition of this newsletter. In the meantime, please join Yale Health in thanking him for all he has given to Yale over the years and wish him well in the next phase of his career.



Dr. Paul Genecin shares a moment with Handsome Dan during the ribbon cutting ceremony for the new Yale Health Center in 2010.

MANAGING THE MARATHON CONTINUED FROM PREVIOUS PAGE

decisions to change the outcome of their diabetes. We just need to provide them with the tools.”

Yale Health has recently enhanced its toolbox when it comes to its diabetes management program by forming a partnership between the patient, their primary care provider (PCP), Scherban in Nutrition Counseling, and William Bruneau, PharmD, Yale Health’s diabetes care and education specialist.

This partnership allows for Yale Health members diagnosed with diabetes, roughly 1,300 with many more in the prediabetes category, to work with a team of individuals who specialize in medication management, diet, exercise, and lifestyle. It also allows for more individualized care plans based on the needs of the patient. This care plan aligns with Yale Health’s Partnership for Patient-Centered Care initiative, which is designed to strengthen the relationships between you and your clinical care team and to ensure that your opinions, choices, values, beliefs, and cultural background guide the care you receive.

If a patient is diagnosed with diabetes or prediabetes, their PCP may refer them to Scherban and/or Bruneau, based on their needs. Scherban and Bruneau often consult about a patient’s care plan to ensure the right fit. They participate in monthly diabetes workgroup meetings with Internal Medicine providers to share updates and resources. Yale Health also offers educational diabetes classes throughout the year for patients and Yale University has partnered with TrestleTree, an accredited health transformation organization, to offer a year-long prevention program for those with prediabetes.

PARTNERSHIP FOR PATIENT-CENTERED CARE



John Hare (right) pauses with his sister Ellie Hare at the San Andres Church in La Faba, Spain during their trek of the Camino de Santiago this spring.

“You really need all of these pieces to manage diabetes,” Scherban said. “The primary care visits are critical, the addressing of medications, if necessary, may come at some point, and lifestyle and nutrition is always a priority. The nature of diabetes is all encompassing. We want every patient to be seen and heard.”

Bruneau’s role focuses on medication adherence and regimens, making sure patients are comfortable with what they are taking and are confident in how to take it properly.

“Diabetes is a full-time job and it’s not a job that you apply for,” Bruneau said. “There is a lot of work that goes into it. This is their health, their body, and, ultimately, their responsibility. I want to be there to help them through it.”

John Hare gladly accepted that help. A Noah Porter Professor of Divinity and Professor of Philosophical Theology at the Yale Divinity School, Hare saw his health decline last summer while he grieved the death of his wife of nearly 45 years, Terry Hare. His blood tests showed elevated blood sugar levels that were a cause for concern so his PCP referred him to both Bruneau and Scherban to work on medication management, exercise, and diet.

At age 72, Hare had a goal to walk the Camino de Santiago (El Camino) in Spain

this past spring with his sister as a way to “sort out what comes next in life.” The El Camino is a pilgrimage leading to the shrine of the apostle Saint James the Great in the cathedral of Santiago de Compostela in Galicia in northwestern Spain. The trek can stretch up to 500 miles depending on the route.

Hare listened to his team’s advice, increasing his activity levels and adjusting his diet.

“This is something I needed to train for because it’s fairly strenuous,” he said. “I did that by walking in New Haven and I walked in the Catskills. I also stopped buying cookies, candy, and ice cream.”

His blood sugar levels declined to a more manageable range and he headed to Spain with his sister, Ellie Hare, in late May. The pair walked roughly 75 miles over seven and a half days (with two days of rest on the trip) with backpacks.

“The care has been first rate,” he said of the diabetes management program. “I am full of confidence and the numbers support that. The clinicians complement each other very well. I have observed how they referred to each other’s expertise. It seems to be the perfect way to go.”

For more information on diabetes education classes, visit yalehealth.yale.edu/resources/classes-and-events.



As I contemplate my retirement in January 2023, my greatest sense of pride comes from our team of experts in all areas of Yale Health who support our mission with their vast experience, creativity, and dedication to the well-being of our community.

FROM THE DESK OF PAUL GENECIN, MD

I take the opportunity of my last column to recognize my Yale Health colleagues who have inspired me with their dedication for many years. We often read about the challenges in healthcare delivery including rising costs, emerging infectious diseases, a mental health pandemic, and an under-resourced public health infrastructure. Healthcare worker burnout is another global challenge that is prompting nurses, doctors, and many others to leave their professions. A thriving workforce is essential if we are to sustain clinical excellence — and addressing these issues is our first priority at Yale Health.

To combat the pressures facing today’s healthcare workers, leaders must find ways to support the deluge of “non-visit work” such as the many test results and messages that arrive on the patient portals of every electronic medical record, which can overwhelm even the most energetic clinical team. Of course, work-life balance, fair pay, and generous benefits are factors in everyone’s career, but for the vast majority of healthcare workers, the prime motivator is their clinical mission. Their work is personally rewarding when they can see how it contributes to the health of their patients.

The foundation of Yale Health’s culture is a shared belief that when we care for Yale, we care for our own community. The unique understanding we have of this university’s health needs and our focus on primary care make Yale Health a paradigm of “patient-centered medical home” philosophy, a concept that may be familiar to you from our use of the term “*Partnership for Patient-Centered Care*.” Our care teams enjoy close relationships with our patients, striving to listen carefully, communicate clearly, and engage them in shared decision making.

Of the many attributes I admire about my Yale Health colleagues, the most impressive is their zeal to use clinical data to support clinical excellence. Our staff measures the quality of preventive, acute, and chronic care. They measure clinical success in managing diabetes, hypertension, heart failure, and chronic pain, among many other important conditions. Our clinicians strive to make early diagnoses through screening and to vaccinate their patients to prevent disease. They solicit patient feedback, always looking for the opportunity to improve patient experience and health outcomes.

Our patients think of healthcare workers as the visible, frontline clinical staff. The Yale Health team is far broader, comprised of specialists in informatics, pharmacy, facilities, member services, project management, safety, claims, HR, medical records, and finance, among many other critical functions. As I contemplate my retirement in January 2023, my greatest sense of pride comes from our team of experts in all areas of Yale Health who support our mission with their vast experience, creativity, and dedication to the well-being of our community. I have always felt fortunate to count myself as a member of this outstanding team and I will always be a proud member of Yale Health.

Paul Genecin
Chief Executive Officer

Food Fight

Food allergies from pediatrics to adulthood

ODDS ARE, you know someone with a food allergy. You may see them reading labels at a birthday party or informing their server of foods they cannot eat at a restaurant. With no cure, strict avoidance of a food allergen is critical to preventing a reaction, some of which could be deadly.

An estimated 32 million Americans have food allergies, including 5.6 million children under age 18, according to the Centers for Disease Control and Prevention (CDC). The body's immune response during an allergic reaction to food often includes an itchy rash called hives, but can progress to a severe and life-threatening reaction, called anaphylaxis, when combined with breathing difficulties, vomiting or a drop in blood pressure.

Eight foods or food groups account for most of the allergic reactions in the United States: milk, eggs, fish, crustacean shellfish, wheat, soy, peanuts, and tree nuts.

While the recommendation used to be to wait to introduce foods commonly associated with allergies to young children, researchers have altered their guidance in recent years after studies showed positive results from introducing these foods earlier.

The American Academy of Pediatrics (AAP) recommends parents introduce allergenic and non-allergenic foods alike starting around 4–6 months of age.

“Recommendations have evolved a bit and, when it comes to feeding infants, the days of avoidance are over,” said Dr. Gordon Streeter, chief of the Department of Pediatrics. “Early introduction of allergenic foods is important, as long as it is developmentally appropriate.”

A child around 4–6 months would be considered developmentally ready if they can hold their head up and are taking an interest in eating solid foods. Foods should

not present a choking risk either, so incorporate nut butters or flours. Whole nuts are considered a choking risk until age 4. There is no definitive way to know if an infant is going to have food allergies, but there are some signs they may be at higher risk. Any baby with eczema is at increased risk. Also, food allergies are more likely if there is a strong family history of food allergies, environmental allergies (e.g. pollen, dust, mold), asthma, or eczema.

Initial reactions to food allergies typically tend to be milder, Streeter said. They usually involve a skin reaction such as a rash or hives. If a child has this type of reaction, it is best to contact the Pediatric Department during regular business hours or Acute Care on nights, weekends, and holidays to speak with a nurse for advice. If a reaction is more severe and includes any breathing

trouble, vomiting, lethargy or swelling of the lips or tongue, it is best to call 911.

If it is determined a child has a food allergy, they would meet with their primary care provider (PCP) who could counsel the parents on avoidance, prescribe an epinephrine autoinjector (EpiPen), and complete any forms that may be needed for daycare, school, or camp. They would also place a referral for the child to be evaluated at Yale New Haven Health's Allergy and Immunology Clinic at the Pediatric Specialty Centers for further evaluation and testing, if necessary.

Food allergies typically present themselves in childhood and it is unusual for allergies to appear as an adult, although it does occasionally happen, especially with shellfish. Some allergies may disappear or lessen in severity with age, typically egg and milk.

“Recommendations have evolved a bit and, when it comes to feeding infants, the days of avoidance are over... Early introduction of allergenic foods is important, as long as it is developmentally appropriate.” Dr. Gordon Streeter



Testing is also available for adults, but is much more accurate when targeted to suspected foods rather than performed for a broad range of foods, some of which are clearly not causing reactions.

“Allergy testing alone does not diagnose an allergy,” said Dr. Florence Ida Hsu, an allergist who treats adolescents and adults in Yale Health’s Allergy Department. “You may be tempted to ask for a food allergy test because you have some intermittent symptoms and you wonder if they are due to an allergy. It is very common to get irrelevant results if a generic food panel is ordered. We much prefer targeted testing for foods suspected to cause allergic symptoms.”

Hsu often sees adults who are trying to determine if they still have a food allergy that was diagnosed in childhood or want to know, in the case of a nut allergy, if they may be able to eat certain nuts such as almonds, even if they are still allergic to peanuts.

Some of her patients come to her with gastrointestinal issues they believe may be food allergies, but do not have clear allergy symptoms. These issues are often not allergy related and Hsu will refer to the patient to Nutrition Counseling.

While it is typically easier for an adult to avoid foods they are allergic to, Hsu said they still need to be careful eating at buffets, workplace luncheons, and food carts. She said it is always a good idea to mention food allergies to a server, even if the dish you are ordering does not appear to contain that allergen.

If you have any questions about food allergies, contact your PCP.



The Arts at Yale Health Dedicated to Memory of Colleague

THE HEATHER SMITH MEMORIAL ARTS AT YALE HEALTH was recently dedicated to the memory of Heather Smith, a colleague and friend who died in May after her battle with cancer. She was Yale Health’s communications officer for 15 years.

Smith, who ran her own professional photography business along with her Yale responsibilities, was instrumental in getting the arts program up and running along with Meredith Miller, a senior photographer at the Beinecke Rare Book and Manuscript Library and a 2003 graduate from the Yale University School of Art. The first pieces of artwork created by members of the Yale community went on display throughout the Yale Health Center in February 2019.

Submissions are considered by anyone with an affiliation with Yale, which includes staff, faculty, students, alumni, and their immediate family members. The displays have ranged from paintings to photographs to textiles. A selection committee with members from across Yale was formed and includes artists, Yale Health staff, and Yale faculty members from across disciplines. The artwork is switched out throughout the year.

“If you look at every part of what we’ve done with the arts program, Heather has been at the center of it,” said Peter Steere, RPh, MBA, Yale Health’s chief operating officer. **“She helped determine where we hung the art, she did the website materials, and she was important in the jury process as to what was accepted because she really had a fine eye. She appreciated art of all kinds and really had a vision for this. She helped take it from an idea to a program.”**

Steere also praised Smith for her leadership in Yale Health’s communications to the Yale community during her 15-year career, which included the move from 17 Hillhouse Avenue to the Yale Health Center in 2010 and messaging around the COVID-19 pandemic over the past few years.

“Heather, nearly single-handedly, shaped how people saw our organization and how they learned about us, who we are, and what we do,” Steere said. **“Her guidance around how best to reach our community, to describe the quality of our care, was routinely outstanding.”**

For more information on The Heather Smith Memorial Arts at Yale Health, including submission information, guidelines for artists, and current exhibits, visit yalehealth.yale.edu/about/arts-yale-health.

Yale Health Welcomes Primary Care Provider



Melissa Fazzolari, APRN, DNP INTERNAL MEDICINE

Melissa Fazzolari has joined the Internal Medicine Department after spending the last two-plus years as a nurse practitioner at ProHealth Physicians in Bristol where she provided high-quality preventive care with an emphasis on shared decision making in a primary care outpatient setting. She had previously worked at the Northeast Medical Group in Wallingford, providing care to patients with medically complex conditions at Gaylord Hospital, as well as at Connecticut GI in Wallingford, an outpatient gastroenterology office.

Fazzolari began her medical career as a staff nurse at Yale New Haven Hospital before serving as a staff nurse at Gaylord Hospital for nearly seven years.

She earned her undergraduate degree in nursing from Quinnipiac University in 2012 and her Doctor of Nursing Practice (DNP) degree from Quinnipiac University in 2018.

Yale Health Donates Equipment to Uganda, Ukraine

YALE HEALTH RECENTLY DONATED 120 Welch Allyn Vital Signs monitors to various medical organizations around the world in need of medical equipment. The donations were given to the Northern Uganda Medical Mission, the Laro Kwo Project in Uganda, the Uganda Initiative for Integrated Management of Non-Communicable Diseases, and United for Ukraine, Inc. The monitors are standard exam room equipment and are used to check vital signs including blood pressure, heart rate, and oxygen levels. The organizations receiving the monitors all have connections to Yale University School of Medicine faculty members.

The monitors became available because Yale Health needed to upgrade its equipment to sync with its electronic medical record system and improve functionality. All the equipment is certified and in good working order.

“I feel like we are so blessed with a wealth of equipment and technology,” said Nanci Fortgang, RN, MPA, CMPE, Yale Health’s chief clinical operations officer. “It’s hard to watch what is happening in the world and feel like we can’t help in some way.”

Yale Health has a history of donating medical equipment to those in need around the world. During its move from 17 Hillhouse Avenue to the Yale Health Center in 2010, the organization donated over 6,000 pieces of medical equipment through the International Medical Equipment Collaborative to a hospital in Haiti that was severely damaged by an earthquake earlier that year.

In 2014, after needing to change certain equipment for compatibility during its transition to Epic as its electronic medical record system, it donated about a dozen electrocardiogram (EKG) machines to Uganda and Ghana, as well as donating some to the Yale School of Nursing.

That sprained ankle is getting worse rather than better.

Your child has a fever and an ear ache.

You wake up feeling achy all over.

Call First

When the unexpected happens, call your primary care department to speak with a nurse before walking in to Acute Care.

After hours, weekends, and holidays, call Acute Care directly at 203-432-0123.

For life-threatening emergencies, immediately call 911.



HEALTH INFORMATION MANAGEMENT**How can I obtain copies of my medical records?**

⊕ A valid “Authorization for Release of Health Information” form must be submitted to the Health Information Management Department prior to obtaining your medical records or having your medical records transferred to an outside provider.

If you are leaving Yale Health, you may be able to share your medical records electronically with your new provider via MyChart. Note that these records will not include scanned documents and images.

Requests are generally processed in the order they are received and, at certain times of year, the waiting time to obtain records may be as long as 30 days. The goal is to process all requests within 15 business days. Immunization, prescription records, and your most current physical can be released within 48 hours. You may have someone else pick up your records by completing the required form and providing a signed note.

You can receive your records in person, by fax, by certified U.S. mail or by secure electronic file transfer. Medical records are kept for 10 years after you stop receiving care at Yale Health.

For more information and to find forms, visit yalehealth.yale.edu/directory/departments/health-information-management.



Barbara Prior
Health Information Management

PHARMACY**How can I receive updates on my prescriptions?**

⊕ Yale Health members can enroll in RxReady, Yale Health Pharmacy’s upgraded messaging service, which can provide updates on your prescriptions via text, email or automated voice message.

RxReady has been in place for several years and would alert you when your prescription was ready for pickup. The service has recently been enhanced and now includes the ability to send on-demand messages indicating if your medication is out of stock, is too soon to refill or requires a clinical review or prior authorization. If there is any issue with your prescription or if any clarification is needed, the message will advise you to call the pharmacy to speak with a staff member. The service will still alert you when your prescription is ready to pick up and will send automatic reminders if you have yet to pick up your prescription once it is ready.

RxReady will work in coordination with a Yale Health Pharmacy mobile app that is coming soon.

You can register for RxReady in person at the pharmacy or by calling the pharmacy at 203-432-0033.



John Florentino, PharmD, RPh
Pharmacy

Making the Rounds

**HEALTH AND WELLNESS INFORMATION
FROM YALE HEALTH STAFF****INTERNAL MEDICINE****Why should I get a flu shot?**

⊕ Everyone older than 6 months should receive a flu shot annually to protect themselves against the influenza virus, which kills between 12,000–60,000 people each year in the United States. The flu vaccine changes every year so you must get a flu shot to be protected.

Groups at higher risk for developing serious complications from the flu include children under the age of 5 and their caretakers, pregnant women, adults over the age of 65, healthcare workers, childcare providers, and people with chronic medical conditions such as asthma, diabetes, and heart disease. Those 65 and older should get a specially-formulated flu shot, as recommended by the Centers for Disease Control and Prevention (CDC).

Flu shots do not inject you with a live virus and cannot give you the flu. Some people may experience side effects such as achiness and a low-grade fever, which can be confused with the flu. The vaccine does not guarantee that you will not get the flu, but, if you do, it helps to reduce hospitalization, death, risk of heart attack for those with heart conditions, and helps to protect other members of your family and household.

It takes about two weeks for the vaccine to become effective so it is recommended to get your flu shot before the end of October. Studies have shown it is safe to get your flu shot even if you recently received a COVID-19 vaccine or booster or will receive one following your flu shot.

Yale Health offers free flu shots to all university staff, faculty, students, and Yale Health members. For more information, visit yalehealth.yale.edu/flu-information.



Julie Rosenbaum, MD
Chief, Internal Medicine and Acute Care

Yale Health Center
55 Lock Street
New Haven, CT 06511

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news from Yale Health
fall 2022



KEEP IN MIND

FAQs: Referrals for Services Outside the Yale Health Center

Do I need a referral for services outside the Yale Health Center?

Yes. An approved referral is required for all services received outside of the Yale Health Center, 55 Lock Street. Your primary care provider or specialist can request a referral for the service, but that does not guarantee approval.

How do I know if a referral has been approved?

You will receive a notification about the status of your referral in the mail. You can also check the status in MyChart or contact the Referrals Department at 203-432-7397 or yhreferrals@yale.edu.

Do approved referrals expire?

Yes. Approved referrals are for a specific service and time period, usually one year, or could include a specific number of approved visits.

Who can I contact for more information?

For more information, visit yalehealth.yale.edu/directory/departments/referrals. If you have any questions about referrals, please contact the Referrals Department at 203-432-7397 or yhreferrals@yale.edu.

Women's Health and Cancer Rights Act Services

The Women's Health and Cancer Rights Act (WHCRA) of 1998 provides benefits for mastectomy related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas.

For more information, visit dol.gov/agencies/ebsa/laws-and-regulations/laws/whcra or speak to your primary care provider.

Published by Yale Health
55 Lock Street
New Haven, CT 06511
203 432 0246
yalehealth.yale.edu
EMAIL member.services@yale.edu

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